

A blue ribbon graphic that forms a speech bubble shape, containing the main title text.

Canadian  
Physiotherapy  
Assessment of  
Clinical Performance

**ACP Version 2.0**

# Topics for presentation

- Background on assessment
  - Development of ACP 2.0
  - Organization of ACP 2.0
  - Tour of ACP 2.0
  - Questions
- 
- Note: Rating scale will not be discussed – same as original ACP

# Why do we need to assess students?

## Information regarding student's competence

- Assign pass/fail in course completion (MPT program responsibility)

## Give feedback

- Reinforce strengths
- Areas of improvement needed
- Plans for improvement

## Student self assessment

- Promotes reflection – development of self assessment skills
- Promotes self-directed learning

# Types of Assessments

## **Formative**

- Given during placement / encounter so that learner can develop
- Guides future learning
- Prompts reflection
- E.g. debrief after patient interaction, comments on charting, etc.

## **Summative**

- Final review
- Learner gets feedback for future but no opportunity to change during placement

# Framework for ACP 2.0

Based on **Competency Profile for  
Physiotherapists in Canada (2017)**

Developed by **National Physiotherapy  
Advisory Group (NPAG)**

- Canadian Council for Physiotherapy University Programs (CCPUP)
- Canadian Physiotherapy Association (CPA)
- Canadian Alliance of Physiotherapy Regulators (CAPR)
- Physiotherapy Education Accreditation Canada (PEAC)

Used in **SCPT Competency Program**

# Background of Development of ACP 2.0

- Essential Competency Profile updated to Competency Profile for Physiotherapists in Canada (2017), therefore the ACP also needed to be updated
- Survey of Clinical Educators in Canada (NACEP)
  - Guiding principals for updating ACP (e.g. using same rating scale)
- Expert Consultant Panel
  - NACEP members, clinical instructors, students, site coordinators
- National Survey (broad consultation)
  - Input on draft version
- Implementation across Canada
- Credit to U of T for spearheading development of this

# Competency Profile Domains

1. Physiotherapy Expertise

2. Communication

3. Collaboration

4. Management

5. Leadership

6. Scholarship

7. Professionalism

# Competency Profile organization

- **Domain – 7 domains:**
  - Physiotherapy Expertise, Communication, Collaboration, Management, Leadership, Scholarship, Professionalism
- **Essential Competencies**
- **Entry to Practice Milestones**
- [www.scpt.org](http://www.scpt.org) – see Continuing Competency Program

## Domain 2 Communication

As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.

### Essential Competencies

**2.1 Use oral and non-verbal communication effectively.**

**2.2 Use written communication effectively.**

**2.3 Adapt communication approach to context.**

**2.4 Use communication tools and technologies effectively.**

### Entry-to-Practice Milestones

**2.1.1** Speak clearly and concisely.

**2.1.2** Listen actively, to build trust and foster exchange of information.

**2.1.3** Use and respond to **body language** appropriately.

**2.1.4** Give and receive feedback in a constructive manner.

**2.2.1** Write in a clear, concise and organized fashion.

**2.2.2** Ensure written communication is legible.

**2.2.3** Prepare comprehensive and accurate health records and other documents, appropriate to purpose.

**2.3.1** Adjust communication strategy consistent with purpose and setting.

**2.3.2** Use appropriate terminology.

**2.3.3** Adjust communication based on level of understanding of recipient.

**2.3.4** Ensure communication is timely.

**2.3.5** Share information empathetically and respectfully.

**2.4.1** Employ **assistive and augmentative devices** to enhance communication.

**2.4.2** Use electronic technologies appropriately and responsibly.

**2.4.3** Use images, videos and other media to enhance communication.

e.g. Domain **2.0 Communication** – as communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.

## **Essential Competencies**

## **Entry to Practice Milestones**

### **2.1 Use Oral and non-verbal communication effectively**

2.1.1 Speak clearly and concisely

2.1.2 Listen actively to build trust and foster exchange of information

2.1.3 Use and respond to body language appropriate

2.1.4 Give and receive feedback in a constructive manner

### **2.2 Use written communication effectively**

2.2.1 Write in a clear, concise and organized fashion

2.2.2 Ensure written communication is legible

2.2.3 Prepare comprehensive and accurate health records and other documents, appropriate to purpose

# 2.0 Communication, cont'd

## **Essential Competency**

2.3 Adapt communication approach to context

2.4 Use communication tools and technologies effectively

## **Entry to Practice Milestone**

2.3.1 Adjust communication strategy consistent with purpose and setting

2.3.2 Use appropriate terminology

2.3.3 Adjust communication based on level of understanding of recipient

2.3.4 Ensure communication is timely

2.3.5 Share information empathetically and respectfully

2.4.1 Employ assistive and augmentative devices to enhance communication

2.4.2 Use electronic technologies appropriately and responsibly

2.4.3 Use images, video and other media to enhance communication



## Domain 2: Communication

As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships



Essential competency

### 2.1 Use oral and non-verbal communication effectively.

- 2.1.1 Speak clearly and concisely.
- 2.1.2 Listen actively, to build trust and foster exchange of information.
- 2.1.3 Use and respond to body language appropriately.
- 2.1.4 Give and receive feedback in a constructive manner.



Entry to practice milestones

	Beginner		Advanced Beginner		Inter-mediate		Advanced Inter-mediate		Entry Level	With Distinction
Midterm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Final	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						



Rating scale

# ACP organization

- 18 rating scales
- 9 comment boxes
- Summative comment section

There was consensus to:

- Keep rating scale consistent with original ACP
- Not exceed the number of rating scales compared to ACP (original)

The groupings of entry to practice milestones for each rating scale was determined by expert panel

ACP 2.0		Rating Scale (RS)	Comment Box (CB)
Domain	Essential Competencies		
<b>Domain 1 Physiotherapy Expertise</b> As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills and attitudes to provide quality care and enhance the health and wellbeing of their clients.	1.1 Employ a client-centered approach.	RS-1	CB-1
	1.2 Ensure physical and emotional safety of client.		
	1.3 Conduct client assessment.	RS-2	CB-2
	1.4 Establish a diagnosis and prognosis.	RS-3	
	1.5 Develop, implement, monitor and evaluate an intervention plan.	RS-4	CB-3
	1.6 Complete or transition care.		
	1.7 Plan, deliver and evaluate programs.		
<b>Domain 2 Communication</b> As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.	2.1 Use oral and non-verbal communication effectively.*	RS-5	CB-4
	2.2 Use written communication effectively.*	RS-6	
	2.3 Adapt communication approach to context.*		
	2.4 Use communication tools and technologies effectively.*		
<b>Domain 3 Collaboration</b> As collaborators, physiotherapists work effectively with others to provide inter- and intraprofessional care.	3.1 Promote an integrated approach to client services.	RS-7	CB-5
	3.2 Facilitate collaborative relationships.		
	3.3 Contribute to effective teamwork.		
	3.4 Contribute to conflict resolution.		
<b>Domain 4 Management</b> As managers, physiotherapists manage self, time, resources and priorities to ensure safe, effective and sustainable services.	4.1 Support organizational excellence.	RS-8	CB-6
	4.2 Utilize resources efficiently and effectively.		
	4.4 Engage in quality improvement activities.	RS-9	
	4.3 Ensure a safe practice environment.	RS-10	
	4.5 Supervise others.	RS-11	
<b>Domain 5 Leadership</b> As leaders, physiotherapists envision and advocate for a health system that enhances the wellbeing of society.	5.1 Champion the health needs of clients.	RS-12	CB-7
	5.2 Promote innovation in healthcare.	RS-13	
	5.3 Contribute to leadership in the profession.		
<b>Domain 6 Scholarship</b> As scholars, physiotherapists demonstrate a commitment to excellence in practice through continuous learning, the education of others, the evaluation of evidence, and contributions to scholarship.	6.1 Use an evidence-informed approach in practice.	RS-14	CB-8
	6.2 Engage in scholarly inquiry.		
	6.4 Maintain currency with developments relevant to area of practice.	RS-15	
	6.3 Integrate self-reflection and external feedback to improve personal practice.		
	6.5 Contribute to the learning of others.		
<b>Domain 7 Professionalism</b> As autonomous, self-regulated professionals, physiotherapists are committed to working in the best interest of clients and society, and to maintaining high standards of behaviour.	7.1 Comply with legal and regulatory requirements.	RS-17	CB-9
	7.2 Behave ethically.		
	7.4 Act with professional integrity.		
	7.5 Maintain personal wellness consistent with the needs of practice.	RS-18	
	7.3 Embrace social responsibility as a health professional.	with RS-13 (5.2, 5.3)	with CB-7

\*2.3 and 2.4 are considered when completing the rating scales for 2.1 and 2.2

# A comment about comment boxes



It is helpful to the MPT program and the student if you are able to write a short statement about why you chose the particular rating



It is helpful to the student to use examples



Some CI's structure it in areas of strength and areas for improvement



At end of each page, there is a box for “significant concerns” for each of midterm and final – please check this as appropriate

# “Red flag” Components

There are several items on the ACP 2.0 considered, by the MPT program at U of S, to be critical key, or core, performance items and are therefore weighted more heavily as to how they are scored in determining the outcome by the MPT program. These items are:

- 1.1 and 1.2 Employ a client-centered approach; Ensure physical and emotional safety of client.
- 1.3 Conduct client assessment.
- 4.3 Ensure a safe practice environment.
- 7.1, 7.2, and 7.4 Comply with legal and regulatory requirements; Behave ethically; Act with professional integrity.
- Basically these ‘red flag’ items speak to performance areas of safety, communication and professionalism and are considered in determining pass/fail by the program

# ACP 2.0 tour

Basic overview of ACP 2.0

For more detail, please visit ACP 2.0 learning module - on School of Rehabilitation Science website, Clin Ed, Performance Evaluation

<https://rehabscience.usask.ca>

(go to Clin Ed on upper banner)

ACP 2.0 fillable form available on website

# ACP 2.0 in HSPnet

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- Usability exactly the same as previous
- [www.hspscanada.net](http://www.hspscanada.net)
- Demographic page same as previous (at end of Final)

# A bit about assessment

## Being an accurate rater

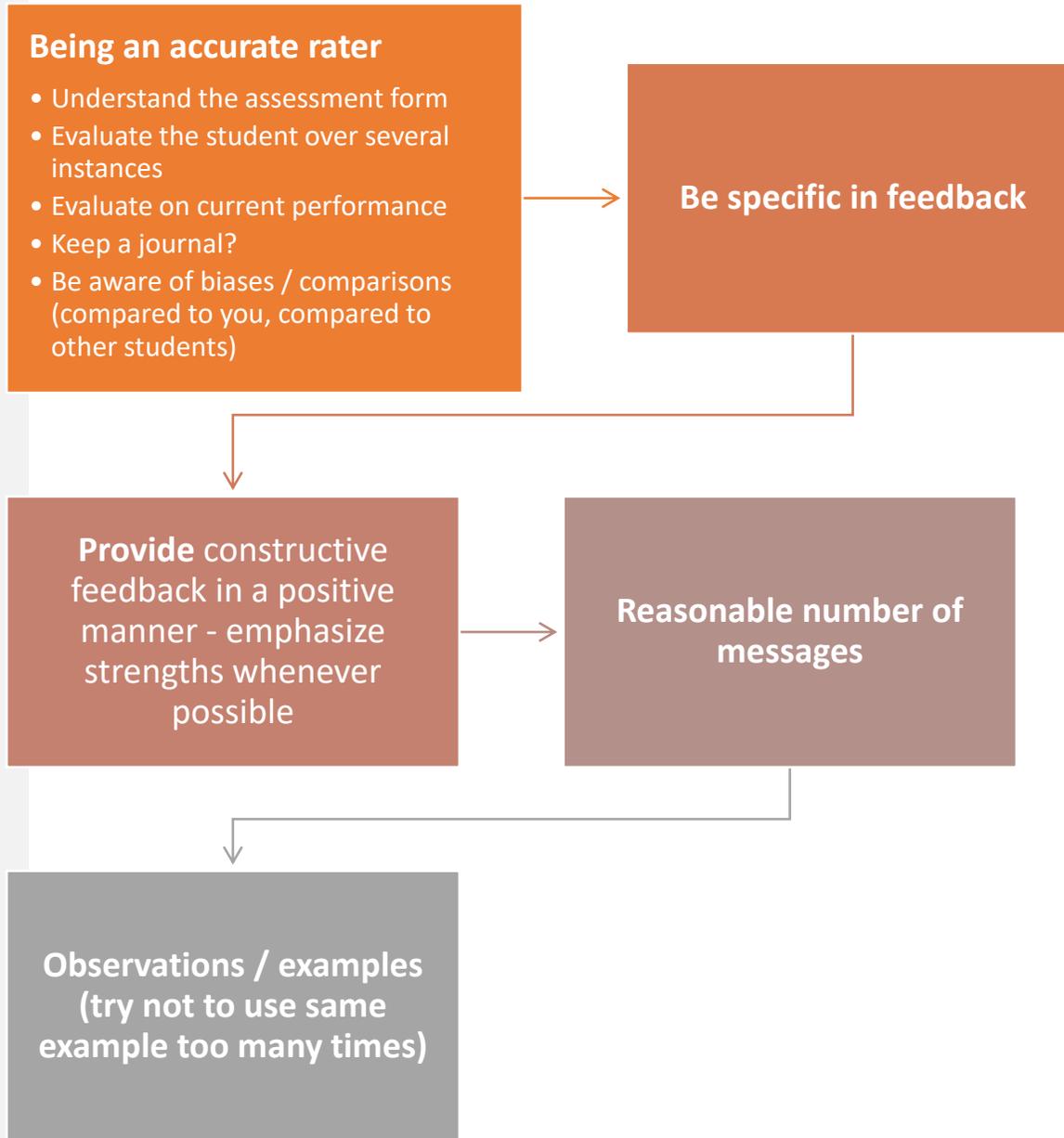
- Understand the assessment form
- Evaluate the student over several instances
- Evaluate on current performance
- Keep a journal?
- Be aware of biases / comparisons (compared to you, compared to other students)

## Be specific in feedback

Provide constructive feedback in a positive manner - emphasize strengths whenever possible

Reasonable number of messages

Observations / examples (try not to use same example too many times)



# Filling out demographic information

- As before, it is the last section of the final ACP 2.0
- A few points:
  - Please make note of whether the student did a presentation. This can be reported in the last question - ADDITIONAL REQUIREMENTS. In the comment box please report the subject of the presentation and the quality of the presentation.
  - Charting time is considered part of clinical hours (not administrative time)
  - Try to be accurate as possible with % of caseload. E.g. a 5 week placement is typically 187.5 hours (37.5 hrs/week x 5 weeks), 10% is 18.75 hours

# FAQ's

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## **Safety is really important to me in how the student provides care. Where do I capture safety in the ACP 2.0?**

- In the ACP 2.0 , the student's ability to provide safe care is principally captured under the Manager role in item **4.3 Ensure a safe practice environment**
- This includes that the student is able to provide safe and effective care with respect to the physical environment, self and other team members, patient care and participates in quality improvement and client safety initiatives.
- For specific safety elements of patient assessment and intervention, the essential competency is captured under the **Expert role, specifically 1.2.**

## **What do you mean by “caseload” (% descriptors in Intermediate, Advanced Intermediate and Entry Level Performance)**

- Caseload is defined as the number of patients a typical full-time, early career physiotherapist would see on a regular day in the setting where the placement is occurring.

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**If the student is carrying a partial caseload, is it correct that I can't score him/her higher than the anchor descriptors that are related to caseload?**

- e.g. “My student is on his/her first internship and is seeing ~4 patients a day. He/she communicates and collaborates very well with patients and colleagues. Why can't I rate this student at entry level?”
- While the CI might wish to extrapolate how the student might perform if he/she were carrying a full caseload, there are added complexities and efficiencies that would also be expected with managing an increased caseload in all domains.
- We are asking clinical instructors (CI's) to generally rate the student based on current (not projected) performance, given the current (not projected) patient caseload being managed. Having said that, a student should not be unfairly rated due to insufficient caseload when they are efficient and consistent in their performance for any role. Your judgement as a clinical instructor is valued and the anchor descriptors contains the following statement e.g. for Intermediate Performance: The student is **capable of maintaining** ~ 50% of a new graduate full-time physical therapist's caseload.

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**The student demonstrates some criteria at an Advanced Beginner level, but others at a Beginner Level.**

- Rate your student at the lower level and develop a plan to improve those areas. i.e. the student must demonstrate all criteria of the anchor description (in the rating scale) to be scored at that level.

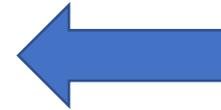
**Do students need to demonstrate all Essential Competencies or Milestones to be assessed on that rating scale?**

- No. Not all essential competencies nor milestones may apply in your practice setting, nor perhaps have they had the opportunity to demonstrate.

**Domain 1: Physiotherapy Expertise**  
**As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills and attitudes to provide quality care and enhance the health and wellbeing of their clients.**

**1.3 Conduct client assessment.**

- 1.3.1 Interview client to obtain relevant information about health conditions, and personal and environmental factors.
- 1.3.2 Determine client's expectations, and their relevance to physiotherapy.
- 1.3.3 Obtain relevant information about client's status from other sources.
- 1.3.4 Identify comorbidities that impact approach to assessment.
- 1.3.5 Identify urgent health conditions that require immediate attention and take appropriate action.
- 1.3.6 Identify non-urgent health-related conditions that may benefit from referral to other services, and advise client accordingly.
- 1.3.7 Select and perform appropriate tests and measures.



Not all EtoP milestones need to be demonstrated

	Beginner		Advanced Beginner		Inter-mediate		Advanced Inter-mediate		Entry Level		With Distinction	
Midterm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Final	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

**Rating Scale and Anchor Descriptors\***

Beginner	Advanced Beginner	Inter-mediate	Advanced Inter-mediate	Entry Level	With Distinction
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

All criteria need to be demonstrated to rate at higher level.



**Beginner Performance:**

- The student requires close supervision 90-100% of the time managing patients with constant monitoring even with patients with simple conditions
- The student requires frequent cueing and feedback
- Performance is inconsistent and clinical reasoning is performed at a very basic level
- The student is not able to carry a caseload

**Advanced Beginner Performance:**

- The student requires clinical supervision 75% to 90% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions
- The student demonstrates consistency in developing proficiency with simple tasks (e.g., chart review, goniometry, muscle testing and simple interventions)
- The student initiates, but is inconsistent with comprehensive assessments, interventions, and clinical reasoning
- The student will begin to share a caseload with the clinical instructor

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## What's the difference between distinction and exceptional?

- The highest ACP rating scale for each key competency indicates “with distinction”. This rating is applied only to a student who is managing a full (100%) caseload and takes on a leadership role, or can supervise others, or manages multi-factorial, complex situations. The “With Distinction” rating should be reserved only for those students who exceed entry level performance.
- Separately, at the end of the ACP, clinical instructors are asked to make a recommendation regarding the student’s overall performance. The highest recommended grading would be “Credit with exceptional performance”. This may be applied to any student who surpasses the CI’s expectations of a student at his/her experience level. E.g. The student does not have to be rated “with distinction” on rating scales in order to receive a summative overall recommendation of credit with exceptional performance.

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## **We don't work with support personnel, so I am unable to score my student on Essential Competency 4.5?**

- Supervise refers broadly to a range of possibilities including physiotherapist assistants, rehab assistants, caregivers, family members or other healthcare professionals. This is a required element therefore we ask that you assess your student for this item. (In the previous ACP, this was not mandatory).

## **I have a specialized area of practice e.g. ICU or pediatrics – how do I use rating scale**

- The ACP is applicable to specialty areas of practice. When rating the student, please consider entry level performance for a student in your area of specialty. In "specialty" placements, or if the complexity of the patient care is high, the level of supervision may need to be higher impacting the student's efficiency and ability to carry caseload. When rating the student, please consider the anchor descriptors relative to entry level performance of a generalist.

# Thank you!

Clinical Education Team:

Peggy Proctor [peggy.proctor@usask.ca](mailto:peggy.proctor@usask.ca)

Melanie Weimer [melanie.weimer@usask.ca](mailto:melanie.weimer@usask.ca)

Cathy Cuddington [cathy.cuddington@usask.ca](mailto:cathy.cuddington@usask.ca)

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